DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR ADDRESS Eline Funeral H AMPSTEAD

23b DATE

23a BURIAL, CREMATION, REMOVAL

Burial

23c. NAME OF CEMETERY OR CREMATORY

77e ADDRESS

THE LOCATION

COUNTY State

26 HOUR

12b. KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

Armacost

APPROXIMATE INTERVAL

NO [

Paul's Cemeter / Upperco Balto

22c. DATE SIGNED

COUNTY

White

101

USA * Carroll Co.

er Westminster Nurs. & Conv. Center HWF

Carroll Westminster * 1234 Washingt

Myers Keziah

220-34-7256 Mr. James R. Abbot

(NITENDING PHYSICIAN: The low requires that the death cer form the pured within 24 hours offer
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) EDITH BALL 85 8:55 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 03 12 94 91 Eemale White BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Carroll County U.S. Maryland WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Fairhaven Sykesville GIVE RESIDENCE BEFORE ADMISSION COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore YEXX Maryland Tudor Arms Apts. Beech 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Metz Cherry Fannie Lawrence Jerome 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** YES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 220-50-1929 Self (chart) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: DEGENERATIVE IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 9ª DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 211. LOCATION 21d INTURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 STREET NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE 22L DATE SIGNED ATTENDING MEDICAL STAFF (nT) PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECBurial Baltimore 12/3/85 COUNTY MDIE Green Mount Cemetery 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL

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certificate has

STEWART & MOWEN CO., 108 W. North Ave.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. MARYLAND 2120

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ι,	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		3.3
	ECEASED NAME FIRST Walter	R	DDIE	Barr	AST	Nov.	5, 198	35	26 HOUR 1 p M
3 S	Male	White		5. DATE O	• 7,1917 YEAR	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	Maryland	U.S.A		WIDOWE		9 BALTIMORE CITY C			MD.
1	Westminster /	Carr	oll Coun	ty Ge	n. Hospital	12a USUAL OCCUPAT (TYPE DE WORK FOR MOST C Foreman			Electric
	AL RESIDENCE HE NURSING HORE OF OT STATE 135 COUNTY Balto	1	Reisterst	N	YES NO	13e.STREET ADDRESS 152 Wes	ZIP CODE	ter Rd.	21136
0	George L.	DOLE	Barr		Clara	Etta		Smith	i1
160	(YES, NO OR UNKNOWN) (IF YES, GIVE W		66 SOCIAL SECU 213-01-1		Doris Barr R	52 Westmins eisterstown	ter Ro	i.,	
	18 CAUSE OF DEATH (Enter only PART 1, DEATH WAS CAUSED I	BY:	ne for (a), (b), an	In ?	le my ocas	laid enfa	nten	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUE Ar AS A CONSEQUE	form	schritic p	least Dire	ne		
NO.	PART 2 OTHER SIGNIFICANT CO	nditions <u>co</u> n	ntributing to 1	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	IDITION GIVI	EN IN PART 1	o
CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ON FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING CAUSES	NGS USED OF DEATH?
4	OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF HOUR A.M P.M	MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	PY IN ITEM 18 PA	ART 1 OR PART 2)	
EDIC	21d. INJURY OCCURRED	21e PLACE O	FINJURY		211 LOCATION	City Chi 16	100%	COUNTY	STATE

NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from

apinion death occurred on the date and hour and from the couses stated DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

224 PHYSICIAN'S NAME LITTE OF FRIE

230 NAME OF CEMETERY OR CREMATORY

Pikesville, Balto., Md.

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BP.

Nov. 7,1985 Owings Mills, Md.

236 DATE

Druid Ridge Cemetery 250 DATE REC'D ANNOGISTRAR 26 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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- STATE REGISTRAR

DECEASED NAME (TYPE OR PRINT)

STATE OF MARYLAND

DEPARTN	CERTIFICATE OF DEATH	. REG. NO			
IDULE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
н.	Barron	Nov. 20, 19	98	213	0 1
	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER ?	4 HRS
	APT. 3,1912	73 YRS	MONINS DAYS	HOURS	MIN.
VHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUNT	Y OF DEATH		

White Male TO BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? conew Jersey

Balto.

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

4 RACE

Richard

MARRIED NEVER MARRIED DIVORCED X WIDOWED M. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Carroll County 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Guard Security

CITY OR TOWN OF DEATH Westminster SUAL RESIDENCE (IF NURS -

Carroll County Gen. Hosp. OR DIMER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Manchester

136. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

3225 Beaver St.

Md. EATHER'S NAME

Yes

John McKee

Barron 166 SOCIAL SECURITY NO. 214-01-6918 John Barron Manchester.

17 INFORMANT

Jane

Smith

IMMEDIATE CAUSE (a). Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse

DUF TO OR AS A CONSEQUENCE OF Cerebral atheropalaroc

DUE TO, OR AS A CONSEQUENCE OF

Carabral

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

(IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY NOT WHITE

AT HOME STREET FACTORY, OFFICE, FARM, ETC 1

211 LOCATION

DEGREE

saw the deceased alive an new 20 above, (I) (we) (did) (did not) view the body after death

22a.1 certify that (1) (this haspital) attended the deceased from,

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

200 AUTOPSY?

NO

and that in (my) (our) opinion death occurred on the date and have and from the causes stated

CITY OR TOWN

22¢ DATE SIGNED

21102

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

Menchester, Md. 21102

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

New Lutheren Cem.

Manchester, Carroll,

St. Wastrumto

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	od Prairie	. MRGEO. AUD			
NSO.	An American				
	10 dr. 2 m 3 1 1 7				
			And-re-in		

REGISTRAR

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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tcher & Son F. P. Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84

(VRA 15, 4)

(VRA 15, 4)

STATE OF MARYLAND

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FOR
STATE
REGISTRAR

STATE OF MAKTLAND	0	9
DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE -	,
CERTIFICATE OF DEATH		

		REGISTRAR							REG. NO.		
		EASED NAME	FIRST		AIDDLÉ		LAST		20 DATE OF DEATH MONTH	DAY YEAR	26. 19830
			ARA	н в.	M.	BR	ADFORD		November 21	, 1985	TPM
3	SEX			4 RACE		5. DATE (OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Female		Whi	te	Jan.			53 yrs.	MOISTING DATE	Min.
70		THPLACE (STATE OR FO	DRE IGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MAR	PIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
7		New York		U	SA	WIDOW			Carroll Count	Y	MD.
/10	CII	Y OR TOWN OF DEA	TH /		HOSPITAL, NURSIN		OR OTHER INSTITU	TION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR
	Ve	stminster	/	Carrol	1 County	Gen	eral Hos	spital	Homemaker	Own	Home
-10	SUA	L RESIDENCE IF HUND	NO PRIME DE	OTHER INSTITUTION.	SINE RESIDENCE MEOR	ADMISSIONE	0-17-1	-	A PERSON ADDRESS A 710 COL	ur.	
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94	FA	THER'S NAME		WATER OF THE PARTY		(- 75	15 MOTHER'S MA	AIDEN NAM			
2/1/		F		nith	Marlow		Sara		MODIL	Wheele	r
16		AS DECEASED EVER	N U.S. AR	MED FORCES?	HA SOCIAL SECU		17 INFORMANT		ADDRESS.		
21	60	NO DE UNEMORNE	CE VAS. GOV	E WAR OF DATEST	216 30	2038	Bagil F	3. Br	radford,	Same	
1			e e a company	Nana and	-	-	1		A	T STANCE	MARTE INTERVAL ONSET AND DEATH
		PART I. DEATH W.			OAEL	mu	horn		Kaga a Bothe	bles	UNCHT AND DEATH
			IMMEDIA	E CAUSE (n)	Cerci	1000	110 m	2111	9/1/	1	7
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	- 1	cause (a), stating	g the	DUE TO OF	R AS A CONSEQU	ENCE OF					
		underlying couse	Yout	107_						-1.	
1.		PART 2 OTHER SIGN	IIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NO RELANCED TO	THE TERMI	NAL DISEASE OR CONDITION G	IVEN IN PART 1	
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2	N N	190 DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORME	ED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDING	NGS USED OF DEATH?
4	CERTIFICATION							/	TES NO X	res 🗌	NO 🗆
्रा ह	8	21a. ACCIDENT WAS UND	_	110110 1	FINJURY M. MONTH D	AV VEAD	21c HOW INJUR	CCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
/ 3	¥	OR CONTRIBUTING C		(IN		19					
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		22s.1 certify that (I)	_	toti Attendeded th	e deceased from	//	750	0	1002	10 8 5	that (1) (we) last
					1 . 6	85.0	nd that in (my) (aw	+ opinian d	leath occurred on the date and he		
		ation (I) were	Light no	ew the body	ofter death		DEGREE			72c DATE	
		(/,	60	y He	W. H	1	ATTE	NDING _	MEDICAL STAFF	11/1	22/83
1		22d. PHYSTCIAN'S NA	ME III	110	yrcea	- 4	22e ADDRESS	SICIAN	DIRECTOR PHYSICIAN	10/0	400
				1	/	_				/_	/
		Dr. Willi		-					d Ave., Balto.	, MD	
23		URIAL, CREMATION,	REMOVAL				CEMETERY OR CREA	MATORY	23d LOCATION	COUNTY	AC STATE
L		urial					lohn's		Glyndon,		ND This
24	4 FU	NERAL DIRECTOR	lenry	W. Je	enking &	Sons	s Co.	250 DATE	REC'D BY REGISTAR 256 REGIS	LEGERALISMA	Milana

DHMH - 16 60M 7/84 (VRA 15, 4)

4905 York Road

Balto.

should be detached for use as the burnal-transit permit. Then please remave carbanapaers. Parwith the State Dept of Health and Mental Hygrene prior to burnal, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 Shows any injury, or crimit transmit

signed by the attending that the death

TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING

TO HOSPITAL OR ATTEN

BP.

Table 1. M. . I see the second of the second Part 18 of his and a state of the state - N - 1 7 Westerfactor County Ceneral Hospital Constant Hoppital Constant Ho Min That Better, 18" Chindre July x 1802 Tongneous Pull 1937 P. Letter Britis State of William Co. T. C. Williams and 2 of the Bruth B. Bredford, W. Same DA. William C. Helfrin, MD. - 5000 Rajand Ave., Balto., MD. Glynden, In 26 85 1 St. John's

Hanny W. Jenking & Sons Do.

N = 91 St November of the Latter & NO Letter & L

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DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		3 . NO.	1 5	
Ruby		Care:	November 120 DATE OF DEATH		1985 YEAR	6:13 pm
e	5. DATE C		6. AGE TINYEAPS LAS	T BIRTHOAY]	# UNDER TYEAR	IF UNDER 24 HPS HOURS MIN.
S.A.	8 MARRIE WIDOWE	Υ	9 BALTIMORE CIT	Y OR COUN		MD
HOSPITAL, NURSIN ICHFACUITY, GIVESTREE INGITIELA HO		or other institution	12a USUAL OCCUP (1YPE OF WORK FOR MO Laborer		LIFE) INDUSTRY	of Business or
GIVE PESIDENCE BEFORE 13c. CITY OR TOWN Frederick	N	13d INSIDE CITY LIMITS? YES X NO []	130 STREET ADDRES			'01
Ruby	7	Anna Anna	AME	E	East	si er
214-28-59		Springfield		DRESS	Sykesv	ille MD
celusion		. Coronary A	rtery Ostin	am.		imate interval onset and death utes
A herose		sis			уе	ars
ASCVD	NCE OF				ye	ars
ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION	GIVEN IN PART 1	10
dementia	SET OPERATIO	N WAS PERFORMED	ith delusi 200 AUTOPSY? YES NO	20b IF Y	YES, WERE FIND! TIFYING CAUSE: YES	

PART 2. OTHER SIGNIFICANT CONDITIONS

CERTIFICATION

MEDICAL

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MPORTANT

buriol-tronsit

FUNERAL DIRECT ONLY BE detached by the State Dept.

FOR

- STATE REGISTRAR DECEASED NAME

TYPE OR PRINTS

Female

Virginia O GITY OR TOWN OF DEATH

Sykesville

John

(YES TO OR UNKNOWN)

Maryland FATHER'S NAME

To BIRTHPLACE (STATE OR FOREIGN

3. SEX

FIRST

Susan

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION PROPERTY FROM THE PROPERTY FROM THE PROPERTY OF THE PROP

160, WAS DECEASED EVER IN U.S. ARMED FORCES

18 CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY.

S. 4 RACE

76. CITIZEN OF

11. NAME OF

MIDDLE

(IF YES, GIVE WAR OR GATES)

IMMEDIATE CAUSE (0)_

DUE TO, O

DUE TO. C

(b)_

Spri

Whit

Primary degenerative 190 DATE OF OPERATION

> 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

216 HOW INJURY OCCURRED (ENTER NATUPE OF INJURY IN ITEM 18 PART 1 OR PART 2)

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDIC AL EXAMINER) 21d INJURY OCCURRED WHILE NO! WHILE

Conditions, if ony, which

gove rise to immediate cause (a), stating

underlying couse lost

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220 I certify that (1) (this hospital) attended the deceased from Sept

MD

and that in (my) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

sow the deceased alive on NOV. a obove. U (we) (did (did not) view the body after death

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

211 LOCATION

STREET

Springfield Hosp. Center Sykesville

BF)_

DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURIAL CREMATION, REMOVAL 23b DATE (SPECIFY)

231 NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION CITY OR TOWN

COUNTY

STATE

STATE

Burial Park Heights Cem. Brunswick. 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Dr. Lourdes T. Natividad

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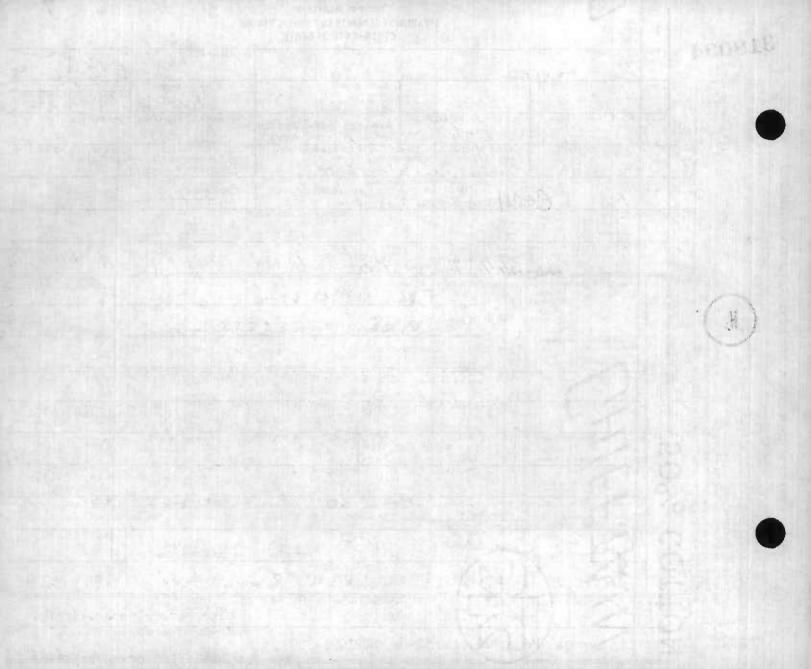
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 319018 CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH YEAR 26 HOUR DECEASED NAME (TYPE OR PRINT) NOV. ndrea vaenic IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 3. SEX YEAR DAYS HOURS MIN DAY auc BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE THE CITIZEN OF WHAT COUNTRY (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 10 CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Eldercare Retirel USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2115 13a STATE 13b COUNTY 13c. CITY OR JOWN 1 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES A 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME UNK. FIRST ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT IYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY -KESPIR IMMEDIATE CAUSE (0) DUF TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NO YES T NO T 18 sh 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21f LOCATION 21d INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive on_ and that in (my) (cor) apinion death accurred on the date and hour and from the causes stated above, (1) (wettered) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED DIRE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL I ORTANT: 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) SCUD-FINKSBURG, 11D 0 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE STATE BP arla DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

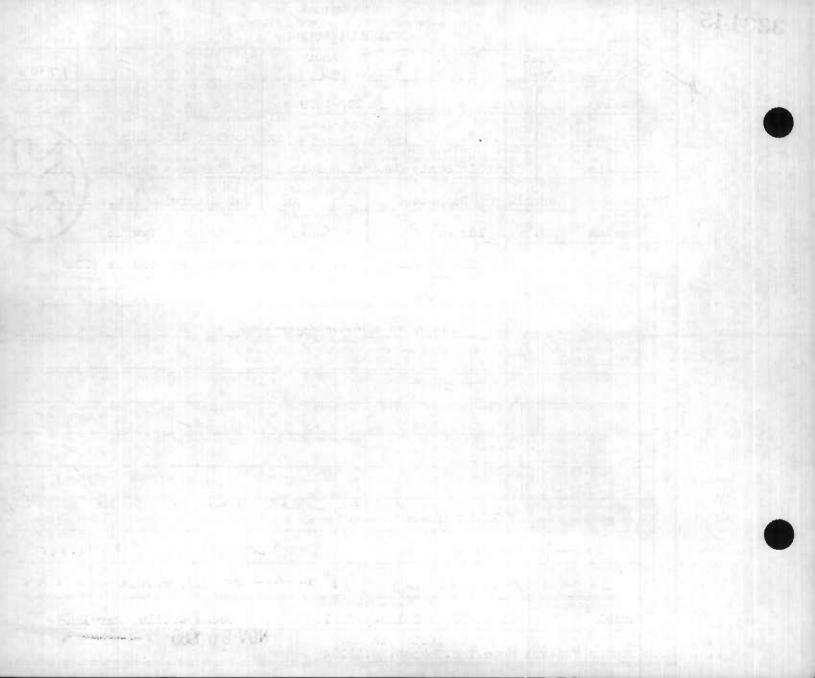
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 3 323089 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN YEAR 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED XX11-7 Christene 19 85 Dorsev 4 RACE SEX DATE OF BIRTH 6 AGE IN YEARS IF LINDER 1 YR 2d HOUR IF UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY) FUNERAL DIRECT S FOR YOUR PRONOUNCED 9:20 12 62 19 85 white 23 yes female DEAD To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Md USA Carroll County, WIDOWED DIVORCED FILED, LO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY student Westminster south of Old Hanover Pt. & Silver school USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Run Roads 13a STATE 13d INSIDE CITY LIMITS? 113b COUNTY 13c CITY OF TOWN 13e. STREET ADDRESS Westminster 730 Washington Rd Carrol1 YES [NO X Md 21157 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE John Dorsey Helga A. Dorsev 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO ADDRESS LYES NO OR LINKNOWN) I HE YES, GIVE WAR OR DATES 13e John Dorsev 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c), APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Y NO C 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR Z OR UNDERLYING 1-7-869 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC. WHILE AT WORK WHILE auto TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STIP BALTIMORE, MARYLAND, 2 XX 220 I certify that Llaak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted from Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE 11-10-85 Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 21201 111 Penn St., Balto., Md. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 231 NAME OF CEMETERY OR CREMATORY 236 LOCATION STATE 11/12/85 cremation Carroll Cremation Hampstead Carroll Md 25M 24 FUNERAL DIRECTOR Westminster 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE PRITTS FUNERAL HOME 412 Washington rd **DHMH - 17** 4 Davidson (VR A15 ME (5))

STATE OF MARYLAND

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- 16 50M 7/77 R A 15 (4))		INERAL DIRECTOR TIME Funeral H	ome, P.A., Aber	đeen,MD,	21001-3399	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SK			

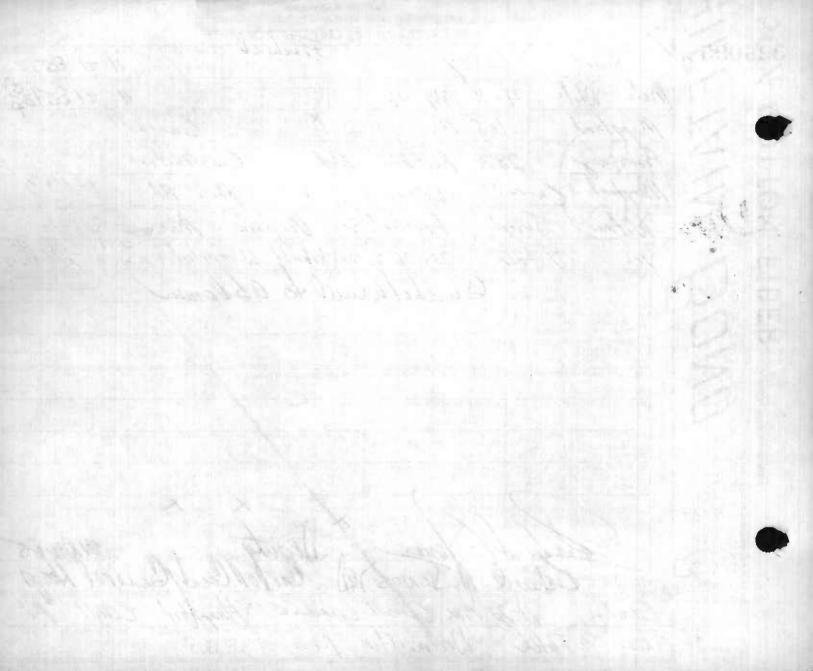




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	urial, cremation, remove Burial	Nov.14,19	85 St. Jo	seph s	R CREMATORY		arroll, Maryland
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STATE OF MARYLAND 322048 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME AMODIE LAST 20 DATE OF DEATH MONTH 2b. HOUR LITYPE OR PRINTS Leonard Bernard Grote 1985 Nov. AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF LINDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH Male White MONTH YEAR Mav BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED TNEVER MARRIED Maryland U.S.A. Carroll Co. WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION II CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Westminster Carroll Co. Gen. Hospital Guard Manu. Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 130. STATE 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 21074 Md. Carroll Hampstead Highfield YES IX TOF 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Clarence Preston Grote Berthe 1011 ADDRESS hfield Dr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) Hampstead. Md 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 103 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21E. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from and that in (my (our) opinion death occurred on the date and hour and from the causes stated obove (N) we) (did (did not) view the body after death. 226. SIGNATURE DEGREE 77: DAJE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT should be a with the St 27e. ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23E NAME OF CEMETERY OR CREMATORY Burial Evergreen Mem. BP Gar.Finksburg.Cerroll MADATE REGID BY REGISTRAN DHMH - 16 50M 4/83 Manchester, Md. (VRA 15, 4)

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250. DATE REC'D. BY REGISTRAN 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Robert K. Pritts, Sr., Westmins ter, Mp

	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3	5 5 5
337134	11-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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PLEASE CTOR. FILES. HOURS	3. SEX	EX 14 RACE IS DATE OF BIRTH , & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 22. DATE MONTH	241985 M
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F 25HDATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

THE FUNERAL DIRECTOR

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Skiles Funeral Homes

DHMH - 16 60M 7/B4

(VRA 15, 4)

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 20 DATE OF DEATH MONTH 26 HOUR HELTEBRIDLE IF UNDER I YEAR AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH Carroll Co. 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Insurance 13e STREET ADDRESS / ZIP CODE 435 E. Baltimore St./21787 Stuller 295 E. Baltimore St. Taneytown, MD 21787 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ENTRICULAR FIBRILATION 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OF TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN Taneytown, Carroll, Maryland Grace U.C.C. Cem. 136 E. Baltimore St. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Taneytown, MD 21787

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	3 SEX		4. RACE WHITE	5. DATE OF BI		6. AGE (IN YEARS LAST BIR	THDAY) IF UND	DER I YEAR	HOURS	24 HRS MIN.
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		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (c) Therewood on the contribution of the	lerotic	Heart D		DITION GIVEN IN	PART 10	9	
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		22d PHYSICIAN'S NAME (TYPE OR	S- HARSHEY, MD	224	8 aucho	st. Wistin	uister,	me	2/1	57
		BURIAL CREMATION, REMOVAL			TERY OR CREMATOR	Y 23d LOCATION UNTONVI	LLE FRE	ED.	MD	TATE

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR
D. D. HARTZLER

NEW WINDSOR, MD

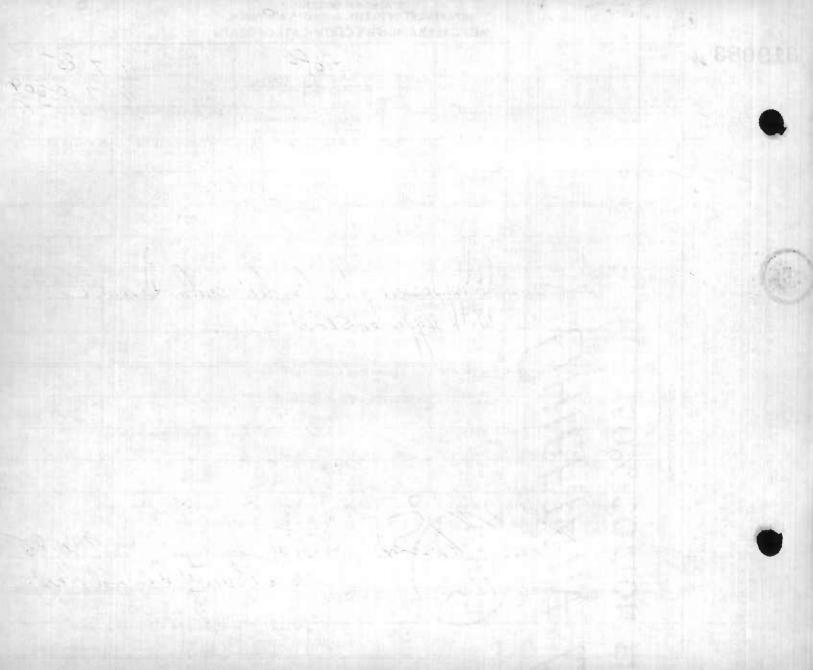
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE~ - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 319083 26. DATE KNOWN | 7b. HOUR OF ESTI-Henry James 4 RACE 6 AGE (IN YEARS | IF UNDER TYR. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAYL PRONOUNCED 57YRS DEAD White 10 14 Male BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED FOREIGN COUNTRY DIVORCED Maryland WIDOWED Carroll O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY Farmer Mink-Pork 13a STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO 1 2516 Marston Rd. /21776 New Windsor YES 🗌 Maryland Carroll FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Earle Hoff Lonie Lambert 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mandsen, Md. Arlene Hoff 218-24-7697 1955-56 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (m) DUE TO, OR AS & CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME. III. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 🔀 22s. I certify this I took charge of the remains described above, hald an Autopsy and in my opinian Homicide Undetermined manner DATE EXAMINER'S NAME TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Md. Burial Pipe Creek Cemetery New Windsor Carrol 24. FUNERAL DIRECTOR **DHMH-17** D. D. Hartzler & Sores New Windsor, Md. (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND



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	TO ME EXECU PAGE TO FU	23a.B	URIAL, CREMATION,	REMOVAL 13	DATE	23c. 1	NAME OF CEME	TERY OR CR	REMATORY	234 LOC	ATION	coul	NIY	TATE
	BP		Burial		11-24-85		Springl	eld (emeton	Sub	envilla	(nn=	011 M	2
	DHMH - 17	24 F	UNERAL DIRECTOR		ADDRES	s	1 9/	-	250. DAXE	REC'D. BY R	EGISTRAR 236 RE	GISTRARS	MATURE	
	(VR A15 ME (5))		"Harry W.	Haigh	t Syke	svill	e, MD 21	784	WOLL O	0.4000	10- K	: A 3	Ands 92	

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FOR

REGISTRAR

Pearl

I. DECEASED NAME

- STATE

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21 Pleasant Valley Rd. Sixx 190s Pennsylvania Ave 213-05-7564Sterling L. Carr Westminster, Md. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN I Burial Westminster Carroll Meadow Branch etcher & Son Huthau REC'D BY REG DHMH - 16 60M 7/B4 teringtr (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Johnson

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2ª DATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEP

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		REGISTRAR				CEKIII	ICATE OF	DEATH		REG. N	10.				
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1		Female		White		6		1885		100	YRS				
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1		Maryland		1000	USA	WIDOW		NORCED [Carr	011	Co.			AD.
	10 CI	TY OR TOWN OF DEATH	Н		HOSPITAL, NURSIN		OR OTHER IN	STITUTION	12a USUAL	OCCUPAT	ION		N. KIND O	F BUSINESS C	R
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7	USUA 13a S	AL RESIDENCE (IF NURSING	GHOME OR C	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	4.5	CITY LIMITS?	13e.STREET	ADDRESS	/ 7IP CO	DE			
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ı	14 FA	THER'S NAME	A	NDDLE	LAST		15 MOTHER	'S MAIDEN NAM		MIDDLE			1.45		_
Ŋ		Frederick			Hussel	baun		Marv		Mode		St	rove		
		VAS DECEASED EVER IN		NED FORCES?	166 SOCIAL SECU		17 INFORM		-176	ADDR	ESS				_
		no	III 162 OIVE	WAR OR DATES	218-54	-009	Mi:	ss Mary	V Kres	ss.	Hamp	ste	ad.	Md.	
П		18 CAUSE OF DEATH	(Enter only	one couse per	line for (a), 1b), one	dier							BETWEEN	MATE INTERVAL	H
1		PART I. DEATH WAS		BY: CAUSE (0)	ACUTE M	1001	LEDIAL	- INF	ARCTI	on			IF	AY	
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		Conditions, if any, w	which	(b)_	. 40 4 00 1000										
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		PART 2 OTHER SIGNIF	FICANTO		ONTRIBUTING TO	EATH BUT	NOT RELATE	D TO THE TERM	INAL DISEAS	E OR CON	NDITION (SIVEN II	V PART 110	9	-
	0														
		19a DATE OF OPERATIO	N	196 COND	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTO	DPSY?				GS USED OF DEATH?	
1	THE	Section 1995							YES 🗌	NO		YES [CAUSES	NO []	
1	G	21a. ACCIDENT WAS UNDER	-	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW I	NJURY OCCURR	RED (ENTERNA	TURE OF INJ.	URY IN ITEM I	8 PART I	OR PART 2}		
7	MEDICAL	OR CONTRIBUTING CAL		P.		19									
	Š	21d. INJURY OCCURRED	D	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.		21f LOCAT			CITY OR TO	OWN		OUNTY	STATE	
	2	AT WORK AT WORK		TAT HOME 318	ELT, PACTORT, OFFICE, P.	KM EICJ									
		22a.1 certify that (I) (H	he hospite	d) ottended th	e deceased from_	NOV	. 3.	19.85		SV.	4.	. 19_		that (I) ()-la	st
		saw the deceased abave, (1) (we) (did	olive on_	View the body	alter death	. 0	nd that in (my) (ooi) opinion c	death accurre	d on the d	lote and h	our and	from the	couses stated	
1		226. STONATURE		10	1.	0	DEGREE		1500				22c. DATE	SIGNED	_
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		ARTHU	L	-, 100	100 M	D	MES	ZUINT	TER.	MAR	YA.	N	211	57	
1	23a BI	URIAL, CREMATION, RE	MOVAL	23h DATE	23€ 1	AME OF C		CREMATORY	23d LOCA	MOITA					
	-	Specify)		11.7	-85 S	- 7-	mes (Cemeter		ORTOWN	inda	-	Cama	STATE M	d
		INERAL DIRECTOR		/		المسلم	11115		REC'D BY R	EGISTRAP	2510 REGI	STRAR	SIGNATI	JRE V	u,

BP

TO FUNERAL DIRECTOR: After this

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN. The low

IMPORTANT. If them 21 is morked or them 18 shows ony

injury, or ather traumotic event,

NAME Hampstead Home

James Cemetery New Windsor Carroll

130 DATE REC'D BY REGISTRAR 25 OF REGISTRAR'S SIGNATURE

NOV 12 1985 Julia Davidson Rondon

318095	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		CEASED NAME	FIRST		MIDDLE		AST		2a. DATE C			DAY YEAR	2b. HOUR
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you go	3 SE)		-	I RACE		5. DATE		6	AGE IN	YEARS LAST BIRT		IF UNDER TYEAR	
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8 pg /6/6		CHPLACE (STATE OR F	OREIGN 7	& CITIZEN OF	WHAT COUNTRY	8 AAADDIS	D NEVER MARRI	ED 7	BALTIM	ORE CITY O	RCOUNTY	OF DEATH	P. L. A. S.
no 72	-	ennsylvani	a	U.S.	A.	WIDOW			C.	ARRO	LL C	OUNT,	, MD
rs ofter dec by the fune filed within		TY OR TOWN OF DEA			HOSPITAL, NURSI THE FACILITY, GIVE STREE TEESE	ADDRESS)	OR OTHER INSTITUTION		(TYPE OF WO	OCCUPATION OCTO	F WORKING LIFE		OF BUSINESS OR
2 5 6 4 2 6	USUA	L RESIDENCE (IF NURSE	NG HOME OR	OTHER INSTITUTION								1	
filled i	13a. S	ARYLAND	136 COUN'	KOLL	TANEXT	VN	13d. INSIDE CITY LIA			ADDRESS /			21787
completely completely 1 and 2 st	14 FA	Stanley		MODLE	Sherry		15 MOTHER'S MAIL FIRST Ann		E	MIDDLE		Bran	ish
xecut nd co		AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT			4931RE	Feese:	r Road	
Poges		No	(# 725, 674	WAR ON DATES	212-27-	4052	Walter C.	Kula	acki	Taney	town,	MD 2	1787
or the death certification by the common party is remained in the common party of the train of t		PART I. DEATH W. Canditions, if any, gove rise to imm cause (a), stating underlying cause	AS CAUSED IMMEDIATE which nediote g the	DUE TO, O	R AS A CONSEQUER AS A CONSEQUER	ENCE OF	TOMA					l ye	XMATE INTERVAL I ONSET AND DEATH
on. hos been signed hos been signed permit. Then pleamed now only injury, or	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE		20a AUT		206. IF YES	, WERE FIND	
physicic physic ph		210 ACCIDENT WAS UND	Lond	216. TIME C	FINJURY M. MONTH E	AY YEAR	21c HOW INJURY	OCCURRE	D (ENTERN	ATURE OF INJUI	RY IN ITEM TS P	ART I OR PART 2)	1 america
NG PHYSICIAN, To ottending physical three this certificate as the buriol-transit hand Mental Hyginal Action or the dear them 18 shad or them 18 shad as the property of the statement of the stat	MEDICAL	THE EITHER NOTHY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORK	AL EXAMINER)	P. 21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE	19	211 LOCATION STREET			CITY OR TO	wn	COUNTY	STATE
TTENDIN pital or i TTOR: Aft for use of Health		22a certify that (1) saw the decease obove, (1) (we) (d	(this hospited alive an	al) attended th	e deceased from,		nd that in (our)	79 opinian de	, to	11/3 red on the do	ate and have	19 <u>85</u> r and from the	, that () (we) last e causes stated
O HOSPITAL OR A etoined by the has TO FUNERAL DIRECTORY with the State Dept.		226. PHYSICIAN'S NA	ME (TYPE OR	PRINT	6,0	•	22e ADDRESS			STAI		11/9	E SIGNED
TO HOSP retained TO FUNE should be with the UMPORTA	23a B	URIAL, CREMATION, I	REMOVAL	236. DATE	23c.	NAME OF	TANE.	ATORY	23d LOC	ATION			1787 Man-1864
BP		Burlal		Nov.			y Lutheran						
DHMH - 16 50M 4/83 (VRA 15, 4)		ineral director kiles Fune	ral H	omes	136 E. Taneyto		1010 000		REC'D. BY		CALLED	RAR'S SIGNA	

S1.05.1 F galend Misser State of Malter C. Andrews Manustrees, No. 21987 Physics Nov. 5, 1985 Chinty Inthones Cer. Landrece, Origin, Landing . FE SECTION OF ASIE Stellar Brear al Morea (Tunerborn, 20 20787)

319044

STATE OF MARYLAND

FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME (TYPE OR PRINT) Rev. Dr. These	fore S.	Ledbetter	20. DATE OF DEATH MONTH DE	85 1050 M
	4. RACE Black	S. DATE OF BIRTH MONTH DAY YEAR 1-15-10	A MOE (Intreme tries tries to	FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN,
76. BIRTHPLACE (STATE OFFOREIGN GOTAId, Tex	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED X NEVER MARRIED WIDOWED DIVORCED	O. BALTIMORE CITY OR COUNTY COUNTY CO	
Westminster	11. NAME OF HOSPITAL, NURSING (IENOT IN SUCH FACILITY, GIVE STREET) Carroll	G HOME OR OTHER INSTITUTION PRESS HORE TAL HOSPITAL	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired Ministe	126 KIND OF BUSINESS OR INDUSTRY Private
USUAL RESIDENCE (IF NURSING HOME OR 136 STATE Md.	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY SILVER S	pring 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 828 VIOLET PLAC	e 20910
Ceasar	Socaties Ledbet	ter Maggie	MIDDLE Clem	nins EAST

166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) 042-30-1205 Mrs. Orelia W. Ledbetter/wife/same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b)
PARTI-DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS

200 AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

211. LOCATION 21d INJURY OCCURRED

220.1 certify that (1) (this haspital) attended the deceased from (our) opinion death occurred on the date and hour and from the couses stated

226 SIGNAT

PHYSICIAN TORECTOR PHYSICIAN 22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 3d. LOCATION 23b. DATE CITY OR TOWN COUNTY

(SPECIFY) Cremation Lee's Crematory 11-14-85 24 FUNERAL DIRECTOR

Washington.

STATE

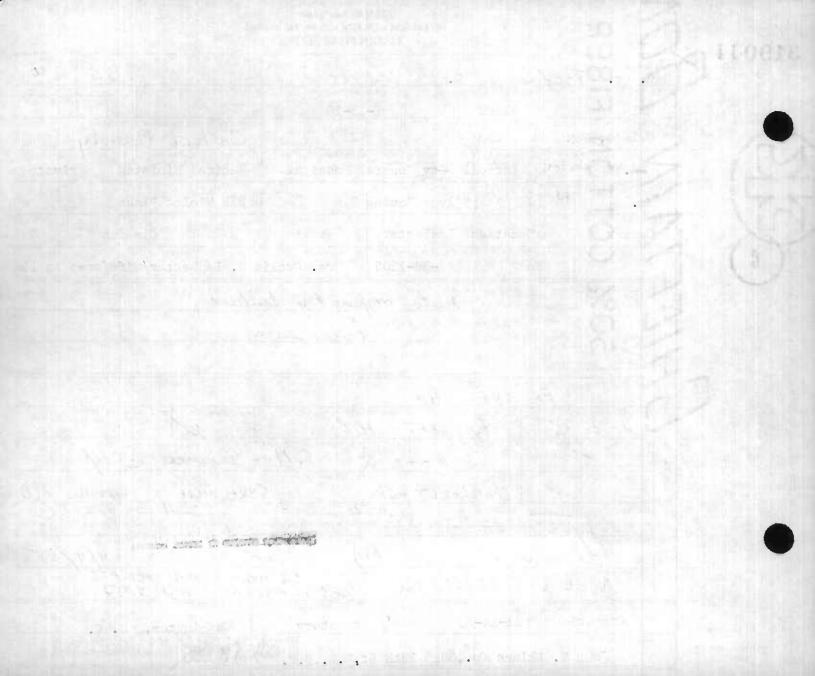
John T. Rhines Co., 3015 12th St.N.E., D

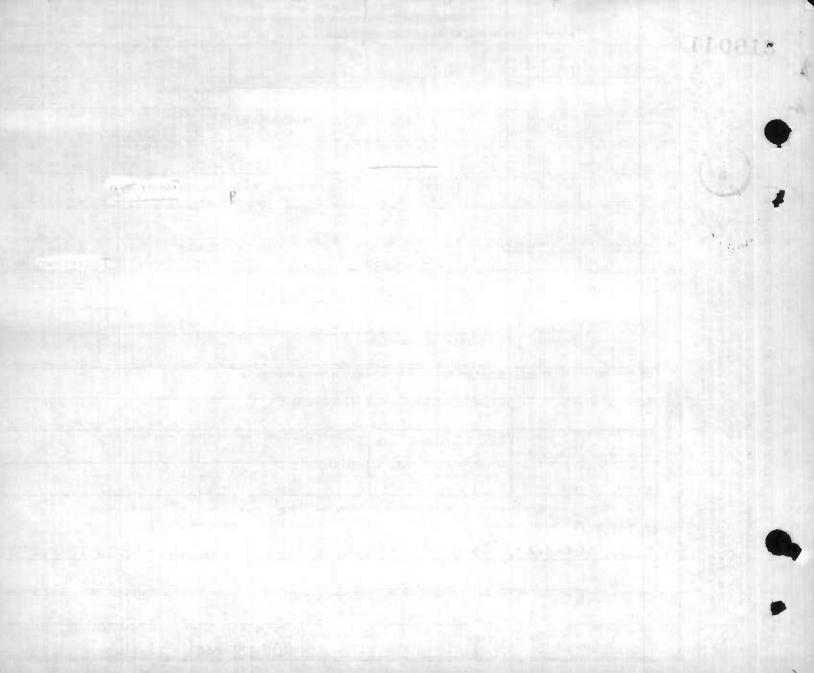
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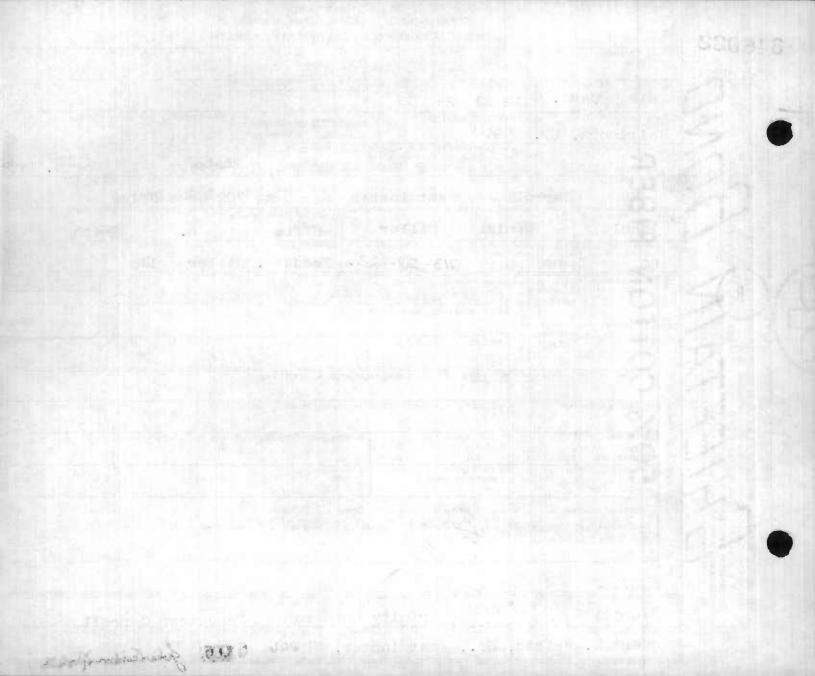


MEDICAL EXAMINER'S CERTIFICATE OF DEATH SIGNIFICAN S			1.	FOR		D	EPART	STATE MENT OF HE	OF MARYL	MENTAL HY	BENE	3	1 -	0 6	
TORRAINE E. LONG TORRAINE TO	01	14 0217	-			MED	ICAL	EXAMINE	R'S CERTI	FICATE OF	DEATH	REG NO).		
LORRAINE C. LONG LORRAINE LANGE SOUTH SETTING LANGE	3	31037			FIRST		MIDDLE		LAST		20. DATE	KNOWN &		DAY YEAR	76 HOUR
THE FARTER White SATE SATE		Se 42 1	1		LORRAT	NE	8.		LONG		OF.	ESTI-		2310 85	A
THE RATHER DEATH OF THE MARKED NORTH MARKED 11 23 to 85 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		能是握人	3 SEX			DATE OF BIRTH			IF UNDER 1 Y						
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Sykesville Sykesville Sykesville Sykesville Sykesville Sykesville Sykesville Sykesville St. Highway Dept. St. Highway	•	SAN DE M	E			US	A	V	-		Acres 1	roll	- Count	У	MD
SUBJECT OF STATE OF S		おおいまる			-				R OTHER INST	ITUTION			OF WORK		
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THE FATHER'S NAME NOOIE Daton Long Sa. 13 MOTHER'S MADEN NAME MODIE LONG Sa. Donis J. Hannis ADDRESS	5	OME OF AD				OTHER INSTITUTION, GIVE	RESIDENCE	BEFORE ADMISSION	Inga inci	IDE CITY CHAIRCE					
THE FATHER'S NAME MODIE LAST IS MOTHER'S MADEN NAME LAST LAST MODIE	212	4 E E E E E			Cari	roll	Fi	nkshuni			1900 C	arrol	lton	Rd. 21	048
SECOND Death Long S.A.	9	Towns I	14. F							THER'S MAIDEN	INAME				
The Cause of Death (Green only one course per line for (a), (b), and (c). Part 1 Death was Cause of Death (Green only one course per line for (a), (b), and (c). Part 2 Death was Cause of Death (Green only one course per line for (a), (b), and (c). Due to, or as a consequence of (b). Due to, or as a consequence of (b). Due to, or as a consequence of (c). Due to, or as a consequence of (c). Part 2 Death (Green only one line in the wind of the line with an extended one course of the remains described obove, held on death resulted from Notural course. Part 3 Death (Green only one line in the line with the line w	Ä,	\$2895 C			Donte	,		Ca		FIRST					
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DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) Istoing the under lying couse lost (c) PART 2 DIRES SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH SUT NOT RELATED TO THE TERMINAL DISEASE DE (ONDITION GIVEN IN PART 1 to). 100 DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF (d) (d) DUE TO, OR AS A CONSEQUENCE OF (d) (d) DUE TO, OR AS A CONSEQUENCE OF (d) (d) DUE TO, OR AS A CONSEQUENCE OF (d) (d) DUE TO, OR AS A CONSEQUENCE OF (d) (d) DUE TO, OR AS A CONSEQUENCE OF (d) (d) DUE TO, OR AS A CONSEQUENCE OF (d) (d) DUE TO, OR AS A CONSEQUENCE OF (d) (d) DUE TO, OR AS A CONSEQUENCE OF (d) (d) DUE TO, OR AS A CONSEQUENCE OF (d) (d) DUE TO, OR AS A CONSEQUENCE OF (d) (d) (d) DUE TO, OR AS A CONSEQUENCE OF (d) (d) (d) DUE TO, OR AS A CONSEQUENCE OF (d) (d) (d) DUE TO, OR AS A CONSEQUENCE OF (d)	7	S S S S S	1	18 CAUSE OF DEATH	H (Enter only	one cause per line f	or (a), (b)), ond (c).)							
A WORK	N N	A RESERVE	1	S/O			Multi	ple inj	uries		-				
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A WORK	84	三日を 女子を				(b)_									
A WORK	*	WANTER S		cause (a) stating		DUE TO, OR A	SACON	SEQUENCE OF				70.711			
A WORK	201	SPAN SPAN		lying couse lost.		(c)									
A WORK	RDS	AN SERVE		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELA	ITED TO THE TERMINA	OISEASE OR COND	ITION GIVEN IN PART	1 (0)				
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A WORK	/ISH	SEPA SEPA	ED	214 INJURY OCCURR	ED	21e PLACE OF	INJURY	(AT HOME,	21 LOCATION	or auc	A CONTRACTOR				- 1
22a Certify that Taok charge of the remains described obove, held on death resulted from Natural couses Accident X Suicide Homicide Undetermined manner Natural couses Accident X Suicide Homicide Undetermined manner Natural couses Accident X Suicide Natural couses Accident X Suicide Natural couses	۵	SEA SE	, 2	AT WORK AT WO	ORK X			4-	0	Run Bri		VN			
death resulted from Natural couses . Accident . Suicide . Homicide . Undetermined manner . TITLE (SPECIFY) M.D. ASSISTANT MEDICAL EXAMINER . SIGNED . 11-23-85 EXAMINER'S NAME AND M. D. ADDRESS		T P S S S S S S S S S S S S S S S S S S							-						PID
07/84 BP Burial 11/26/85 Evergreen Memorial Finksburg, Md. 25M DHMH-17 DHMH-17 NAME ADDRESS ADDRESS ADDRESS ADDRESS		ARRIGES											d in my opir	nion	
07/84 BP Burial 11/26/85 Evergreen Memorial Finksburg, Md. 25M DHMH-17 DHMH-17 NAME ADDRESS ADDRESS ADDRESS ADDRESS		REC BE	-	death resulted from	Natural	couses L.	Accident	LA, Suicio			Undetermined ma	inner,			
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07/84 BP Burial 11/26/85 Evergreen Memorial Finksburg, Md. 25M DHMH-17 DHMH-17 NAME ADDRESS ADDRESS ADDRESS ADDRESS		ZEY SER	No. of Street, or other Persons	SIGNATURE	In	1X			M.D. AS	SISTANT	MEDICAL EXAM	INER	SIGNED	11-23-	-85
07/84 BP Burial 11/26/85 Evergreen Memorial Finksburg, Md. 25M DHMH-17 DHMH-17 NAME ADDRESS ADDRESS ADDRESS ADDRESS		ANE PER PER PER PER PER PER PER PER PER PE		EXAMINER'S NAME	Ann M	. Dixon,	M.D.		ADDRES	. 111 Pe	enn St.,	Balto.	, MD	21201	
07/84 BP Burial 11/26/85 Evergreen Memorial Finksburg, Md. 25M DHMH-17 DHMH-17 NAME ADDRESS ADDRESS ADDRESS ADDRESS		PATO PATO	23a.B	URIAL, CREMATION, RE)]					
25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	07/84		1 13	PECIFY)							CITY OR TOWN	, 0		Y 51,	ATE
DHMH - 17 NAME ADDRESS ADDRESS				JNERAL DIRECTOR	,			Dengile	EIL ILE		C'D. BY REGISTRA	R 256 REGIS	TRAR'S SIG	GNATURE	
CALLE IIIIDIIIV HOMA IVAATOMA III		DHMH - 17 (VR A15 ME (5))	3		nal L	ADDRESS R	oist	tensto	in Md						

345045	1-	FOR STATE REGISTRAR	DEPA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH			
may be . page 3		CEASED NAME FIRST	RACE MIDDLE	5. DATE O			YEAR 26 HOUR 4
15 4 50		FEMALE	WHITE	MAY	12 1903	82 YRS.	OTTING DATE NOONS MILE.
deoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	USA .	WIDOW		P BALTIMORE CITY OR COUNTY OF CARROLL	MD.
oy the	.W.	ESTMINSTER	(IF NOT IN SUCH FACILITY, GIVE ST WESTMINST	REET ADDRESS)	SING	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER	176. KIND OF BUSINESS OR INDUSTRY HOME
AND 212	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COUI CARI		OWN		13. STREET ADDRESS / ZIP CODE 138 WESTMINST	ER AVE 21157
BALTIMORE, MARYLAND 2120 core be executed within 24 hours yiscion and competing filed in a poets. Page		THER'S NAME FIRST WIDDLE LAST LAST WIDDLE WIDDLE LAST WIDDLE WIDLE WIDDLE WIDDLE WIDDLE WIDDLE WIDDLE WIDDLE WIDDLE WIDDLE WIDDLE W					
be executor on and or s. Page		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDIESO WE (145 NO OR UNKNOWN) NONE UNKNOWN MRS CI, IFTON MYERS WESTMI					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLING PHYSICIAN: The law requires that the certificate has been signed by certificate physician as the burial-transit permit. Then please illustrations permit. Then please illustrations are remarked on them. It shows only injury, or other traumatic event, the orked or term Is shows only injury, or other traumatic event, the	8	PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b) ED BY: CA RD TE CAUSE (o)	OPULM	ONARY ARRES	T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSE	CCENCE AFR	CINOMA W/EX		
		cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)					
	NOI					VINAL DISEASE OR CONDITION GIVE	
TAL RECC	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIC		YES NO YES	
PHYSICIAN: ending physicians this certificat the burial-trond		21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2}
OVISION of PHYS of the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
he hospital of the hospital of DIRECTOR. A stocked for use a Dept. of Head of the part of them 21 is m		22a.1 certify that (I) (this hospital) attended the deceased from					
		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR P					
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 346022 REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH CAY 25 HOUR (TYPE OR PRINT) OF ESTI-UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS Miller DEATH MATED Wayne 11/26/19 85 Leonard 4 RACE 5. DATE OF BIRTH IF UNDER TYR. AGE (IN YEARS IF UNDER 24 HRS 10°485 DATE FUNERAL DIRECT S FOR YOUR F LAST BIRTHDAY PRONOUNCED Male Cauc. 12 22 29 55 DEAD 11/26/19 85 PM YRS Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED FOREIGN COUNTRY! USA Baltimore. WIDOWED [DIVORCED [Carroll County AGE, W 124 USUAL OCCUPATION (TYPE OF WORK ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 112h KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Factory Worth. Pump AND 3 TO T RETAIN PA HOULD BE F RECORDS. Westminster Carroll County General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Westminster Ta STATE Carroll 13d INSIDE CITY LIMITS? 709 Lak Lake NO PO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Daniel ALICION F Paul Miller M. Smith 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR GATES) 28-1236 Freda R. Miller no na 13 e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE SIX BALLIMORE, MARYLAND, 2 Inspection X 22a I certify that I taak charge of the remains described above, held an Autopsy Natural causes X death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 11/27/85 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St TYPE OR PRINT) 23d LOCATION 23g BURIAL, CREMATION, REMOVAL STATE Burial Trinity Lutheran Tanevtown Carroll 07/84 MD 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Robert K. Pritts, Sr., Westminster. MD JCL (VR A15 ME (5))



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DHMH - 16 60M 7/84 (VRA 15, 4)	24 F 87	UNERAL DIRECTOR LA	oring By ad Randa	yers Fun allstown	eral Dir , Maryla	ectors, I nd 21133	ne.	25a. DAT	V 08 19	85 Final 256. REGIST	RAR'S SIGNAT	

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Taneytown, MD 21787

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(VRA 15, 4)

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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, NG PHYSICIAN. The law requir offending physician. Offending physician sign as the buriof-transip permit. Then th and Mental Hygene prior to be arked at them 18 shows any injury	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DEATH HOUR	P.M.	AY YEAR	21c HOW INJURY OCCURI	RED JENTER NATURE OF INJUI	Y IN ITEM 18, PART	T 1 OR PART 2]	
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R ATTEND hospital or RECTOR: And the second for use of the second	18	220.1 certify that (I) (this h sow the deceased alive above, (I) (we) (did) (did			, on	that in (my) (our) opinion	death occurred on the de		and from the c	
0 0 0 0 0 4		22b. SIGNATURE	uden	Me pel	00		MEDICAL STAL	F IAN []	22c. DATE S	IGNED
TO HOSPITAL TO FUNERAL should be deter with the Store			CHA.	PULE			rneth Ave	NY2.	14231	ME
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Г	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
Ī	DECEASED NAME FIRST VIOL	a May	Myers	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3	Female	Cauc.	5. DATE OF BIRTH MONTH DAY 2 YEAR 10	6. AGE (IN YEARS LAST BIRTHDAY) 75 YRS	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1	O BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD	76. CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED	CARROLL CO.	MD.
1	Westminster	Westminster	Nursing Home	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE SEWING FACT.	IPE) 126 KIND OF BUSINESS OR INDUSTRY Sewing fact
н	USUAL RESIDENCE IN NURSING HOME OF 130. STATE 13b. COUI MD Cari	NTY 13t. CITY OR TO	insteryer No	641-B Hughes	21157 Shop Rd.
1	FATHER'S NAME William Fra 60 WAS DECEASED EVER IN U.S. AR			MAME MADDLE MAY	Myers
İ	(YES, NO OR UNKNOWN) (IF YES, GIV	ve war or Dates) 212-01	-8754 Gladys H	arman 13e	
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	TE CAUSE (0)	SUENCE OF	puture	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING		O DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY? 206. IF YE	SS, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
		AIR /	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}
ı	OR CONTRIBUTING MEDICAL EXAMINES 21d IN JURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased slive an abave, (1) we) (did) (did no	ita Dattended the deceased from 19 21) yiew the body after death.	7:	on death accurred on the date and ha	ur and from the causes stated
	22b. SIGNATURE	relleton n	DEGREE ATTENDING PHYSICIAN		271 DATE GIGNED 11/2-3/15
	John WM	iddleton w	22e ADDRESS		
	Burial, cremation, removal	11/26/85	NAME OF CEMETERY OR CREMATOR Pleasant Valley	Westminster	
п.	Robert K. Prit		ton Road 250 p tminster, MINDY	ATE REC'D. BY REGISTRAL 256. REGIS 2 9 1985	TRAR'S SIGNATURE

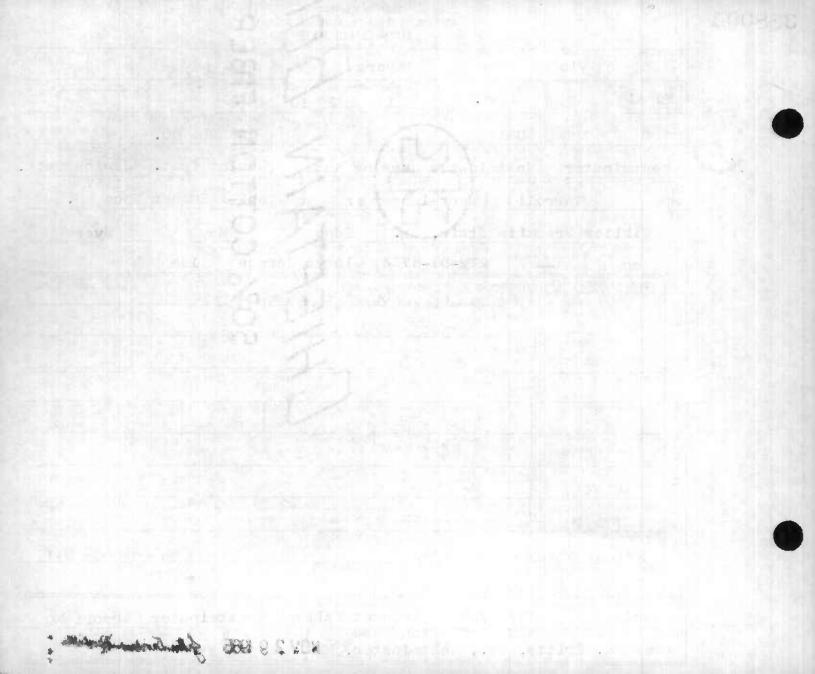
DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carban papers. Pag with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the med

OR ATTENDING PHYSICIAN The low

TO HOSPITAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 318175 DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR MARGARET 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR VEAD DAYS 21 To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY ENGLAND WIDOWED DIVORCED A CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY FAIRHAVEN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS DEC ATUR 709 DENS NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 5001+ ENR ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 7200 THIRD AUE (IF YES, GIVE WAR OR DATES) VKESUILLE, MD 18 CAUSE OF DEATH (Enter only one couse per line 10) (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION ā. IN CERTIFYING CAUSES OF DEATH? YES [210. ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) Me 71d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ d that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226 SIGNATUR 27c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LITYPE OR PRINTE ld b YKOSVILLE 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4)

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IMPORTANT: If them 21 is morked or Item 18 shows ony

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL
= STATE PEGISTRAR	CERTIFICATE OF DEATH

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4	11	THEYTOWN	28H	EMA	LLT	5/1		SECILE	TH14			
3	USUA 13a. S	TATE 13b COUL		130 CITY OR TOW		13d. INSIDE CH	Y LIMITS?	13e STREET ADDRESS	/ ZIP CODE	TIT	6170	7
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l	14 FA	F AND NOLLD	MIDDLE	STONE	0	IS MOTHER'S	A/A	MIDDLE		OFFT	INC	
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	10	PART I. DEATH WAS CAUSE	D BY:	CANC	INDA	MA 1	OF L	-UNG .	. , 3 ,	10	MANTI	4
١		IMMEDIA		OR AS A CONSTOUR	NCT OF				- 10			. 4
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Į,	-36	Conditions, if any, which	(6)									
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24 FUNERAL DIRECTOR

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(VRA 15, 4)

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REGISTRAR I. DECEASED NAME TYPE OR PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

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17 INFORMANT

Alice M

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211 LOCATION

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DEGREE

Bethel

Charles W. Burrier, Jr., Sykesville, Md.

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п	REG. NO.	
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ED 🗆	9 BALTIMORE CITY OR COUNTY OF	DEATH
ED 🗍	Carroll Co.,	MD.
ON		2b. KIND OF BUSINESS OR NDUSTRY
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cis	MIDDLE R.	Welsh
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TIMORE, be execut an and ca S. Pages I.	160 N	WAS DECEASED EVER YES NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	166 SOCIAL S 217-10	1-2733	John J	. Poffe	enberger,	14318 Cherr Sykesville	ry Tree Lane
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DHMH - 16 60M 7/84 (VRA 15, 4)		ohn H. Bast	t, Jr.	Boo	nsboro	, Md.	21713	DEC	4 1985	A STORY S SIC	NATURE.

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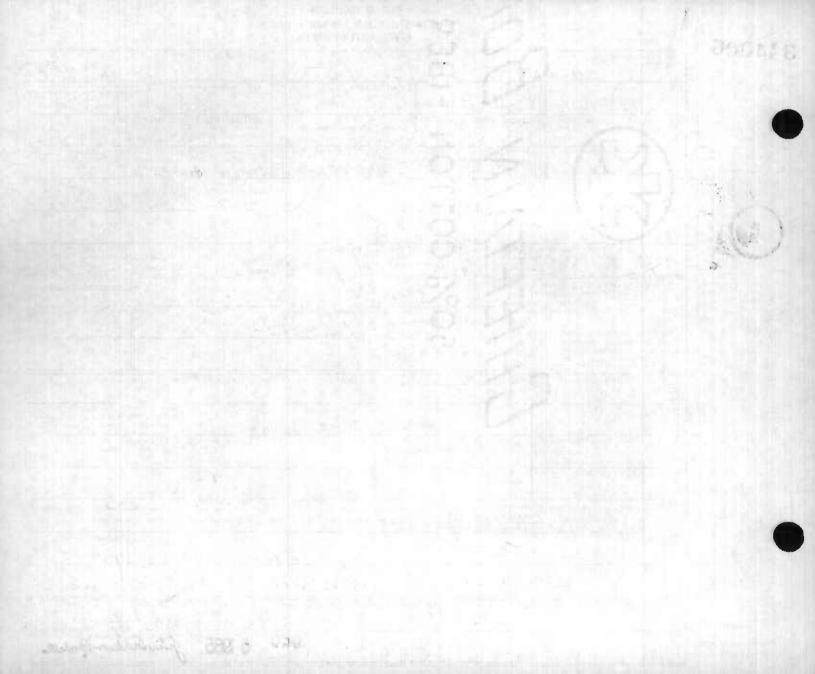
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2 artence		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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Poor de	3 5		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	
ctor.		MALE	WHITE	MAY 4 16	CO XXXX	YRS. HOURS MIN.
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1 11 17	10	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	15	SYKESVILLE	(IF NOT IN SUCH FACILITY, GIVE STREET AD	ELDERCARÉ	STATE ROADSEM	A
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(GMANN		Alvin	Schmidt	Margueri	MIODLE	Kraft
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IG PHYS offending ter this of s the bur n and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LATHOME STREET FACTORY, OFFICE FAR	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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OR ATT		obove, (I) [we) [did] [did not]	view the body after death	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
by the by the by the e detection of the best of the be	4	Cho con		PHYSICIAN X	DIRECTOR PHYSICIAN	11-24-85
TO HOSPITAL retoined by the TO FUNERAL should be detoined with the Stote IMPORTANT: H	1	JOSE L. CH	ADUTTE	6342 Born	12th Ave ST	CM, FILLINGERY
E E L N N Z	230	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT	OF HEA	LTH AND	MENTAL	HYGIENE
CE	RTIFIC	ATE OF	DEATH	

REG. N	10.			
OF DEATH	MONTH	DAY	YEAR	2b. F

	/_	RECIONAL	S		REG. NO.	
1 /		CEASED NAME FIRST	h Francis	Ciman	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
12		JOSEP		Sinnott	11.9	1
1	3 SE	n /	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
6)		Male	WAIL	July 26 /9/1	YRS YRS	
111	7a B	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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1 3	10 C	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS
3 to 0	h	1257 Minster	(IF NOT IN SUCH FACILITY, GIVE STREET	General Hospital	(TYPE OF WORK FOR MOST OF WORKING LI	IFE) INDUSTRY
3 30/		AL RESIDENCE (IF NURSING HOME OR O		RE ADMISSION)	Le expert appress (710 con	- 54/05UITE
3 457	1		13 CITY OR TOV	YES NO T	130 STREET ADDRESS / ZIP COD	2/784
个时人	14. F	THER'S NAME		15 MOTHER'S MAIDEN NA		
3/16/		Toseph M	Sinney	Mary	WIDDLE	O Connell
8 8		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SEC		ADDRESS	Carrellya .
do de	(YES, NOOP (INKNOWN) (IF YES, GIVE	WAR OR DATES) 2/7-82-	4.146 Katherine S.	Ingle Lista	with Rd. 2
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201		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	+PULMONARY	DRAGGE	BETWEEN ONSET AND DE
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ate of			DUE TO, OR AS A CONSEQU	JENCE OF		
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25 2		gove rise to immediate	(8)			
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leose iol, cr		onderlying cause last	((c)			
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bur Me	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STAT
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2 12	100	saw the deceased olive on above, (1) (we) (did) (did not)	view the bady after death.	, and that in (my) (our) opinion	deoth occurred on the date and had	ur and fram the causes state
hed ept.		226 SIGNATURE		DEGREE		22c. DATE SIGNED
- 00 m	-0	1 DIMAG	LA,	ATTENDING	MEDICAL STAFF	11.21.6
State ANT:	100	22d. PHYSICIAN'S NAME TTYPE OR	PINT	PHYSICIAN [DIRECTOR PHYSICIAN	11010)
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should be with the S IMPORTA		11, 14/1	- HATT	D 224 W	11241100104	5
23 3	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION ,	1 11
	1	TEXET, OL	11-27-1985	crell landing service	22 Elifortown	COUNTY STA
	_	INERAL DIRECTOR	2:-1/	Late DAY	E REC'D. BY REGISTRAR 25b. REGIS	TDADIC CICALATUDE
6 60M 7/84	1	NAME OF LOS	ADDRESS ADDRESS	5 11 2 167 181		INAK S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 7h HOUR TTYPE OR PRINTS Treva 30.1985 6:45 AM 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 3. SEX MONTH YEAR HOURS 1903 76 CITAZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARYLAND MARRIED NEVER MARRIED DIVORCED [WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 17s USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE HEFORE ADMISSIONS 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE NeMan 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) LNKOWN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE SIREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE WHILE AT WORK 22a | certify that (1) (this hospital) attended the deceased from saw the deceased alive an 1127 abave. (1) (14) (did not) view the bady and that (my) (our) apinian death accurred on the date and haur and from the causes stated 226. SIGNATURE DEGREE 22c DAT ATTENDING MEDICAL STAFF MAY MPORT 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236. DATE 23d_LOCATION (SPECIFY) STATE BP Crema tion Cremation Hampstead Md 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B3 (VRA 15, 4) Hampstead

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	1	Westmi	nster	II. NAME OF HO (IF NOT IN SUCH Carroll	County	reet ADDRESS) Genera	l Hos	stitution pital	FOR MOS	OCCUPATION (1 T OF WORKING LIFE)	TYPE OF WORK	Parming	ISINESS RY
AND 3 HETAIN PRECORD SECOND	130 S Ma	aryland		R OTHER INSTITUTION, TY OLL	GIVE RESIDENCE U.C. CITY VEST	BEFORE ADMISSION OR TOWN MINSTER	13d. I	NSIDE CITY LIMITS?	K LOSEET	ADDRESS AT	re., 2	1157	
ON PERMIT	1	Charl	es	MIDDLE		pigler		Tda FIRST	DEN NAME	MIDDLE		nown	
ALTIMON S AFTER GIVE PA AGES VISION	160. Y	WAS DECEASE (ES, NO, OR UNKNO NO	DEVER IN U.S. ARA	WAR OR DATES)		24-7054		s. Irene	e Myers	885 Westmi		Md. 21	
DIVISION OF VITAL RECORDS, 301 W. PRESTON SCENTFICATE SHOULD BE EXECUTED WITHIN STITING THE WORD "PENDING". IN PENCIL IN 15 ROED TO THE CHIEF MEDICAL EXAMINER ALD E 3 SHOULD BE USED AS A BURIAL-IRANSIT PLE DENTILINAL HAGE	NO	gave ri cause (a lying cau	ns, if any, which se to immediate) stating the <u>under</u> -	(b)	DR AS A CON	SEQUENCE OF	L DISEASE OR CO	INDITION GIVEN IN PA	ART 1 (a).				
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DIVISION OF VIT HIS CERTIFICATE SH WARDED TO THE COR VARDED TO THE C AGE 3 SHOULD RE ATE DEPAIN EN	MEDICAL CE	UNDERLYING CONTRIBUTI 21d. INJURY C	NG CAUSE OF D	HOUR A	OF INJURYM. MONTHM. E OF INJURY ACTORY, FARM, ET	19 (AT HOME,	21c. HOW IN 21f. LOCATIO STREET			RE OF INJURY IN ITEM		RT 2)	STATE
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P. AFER DEATH, WITH THE ST		ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	NAME KICH	nd/f	steam to the state of the state	O, Suicio	M.D.		Undeterm MEDICA ollCow	LEXTAINER	DATE	1900 100	UBS
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2 7 5 1		CEASED NAME FIRST	ın	MIDDLE	Yin	9/1n9	20. DATE OF DEATH	MONTH 85	DAY YEAR	26. HOUR 4: 45 A		
ecter, per	3. SE		4 RACE Cauc	о.	5. DATE &		6 AGE (IN YEARS LAST BIR	YRS.	IF UNDER I YEAR	IF UNDER 24 HR		
of the second	7a BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN C	F WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY C CARROL L			^		
1100		stminster	(IF NOT IN	SUCH FACILITY, GIVE STREET	ADDRESS)	or other institution ag Center	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Farmer			F BUSINESS O		
100		AL RESIDENCE (IF NURSING HOM STATE 136 CC MD C 2.1	OUNTY	13t. CITY OR TOW	e admission) IN Urg	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 1412 Deep	zip code	k Rd.	2104		
1760	14 F/	William	Melson	Yingl	ing	15. MOTHER'S MAIDEN NAME of STREET Laura	MIDDLE E		Busc			
n and co		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) YES WW	ARMED FORCES GIVE WAR OR DATES			Wm. G. Yi			sville			
MI		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	only one couse p JSED BY: JIATE CAUSE (o)_	Carelia	d (ci.)	ulmonan	Farlen	2	BETWEEN	MATE INTERVAL ONSET AND DEA!		
but the but th	1	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b),	OR AS A CONSEOU	men	al Mars -	- Colon	ic	>	lye		
he low requires to an order to be to	CERTIFICATION	PARI 2 OTHER SIGNIFICAN ANEMIE I 190 DATE OF OPERATION	with 2	CONTRIBUTING TO	seter	NOT RELATED TO THE TERM	AS4D, Sta	20b. IF YES	VEN IN PART 110 S, WERE FINDING FYING CAUSES S	VGS USED		
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offer the poly of the poly the	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		CE OF INJURY STREET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE		
philosophy of Health				22a.1 certify that (1) (this he saw the deceased alive above, (1) (we) (did) (dis			8/2	nd that in (my) (our) opinion (death occurred on the d	ote and hou		that (1) (we) be couses stated
TAL OR AND THE HOS RAL DIRECTOR COST TO THE DEPT TO THE DEPT TO THE DEPT THE THE THE THE THE THE THE THE THE TH		William	Ra	Cour	he		MEDICAL STA		22c. DATE	SIGNED		
TO HOSPITAL Cretoined by the TO FUNERAL C should be detoo with the Store C IMPORTANT: If		224. PHYSICIAN'S NAME (1)				22e ADDRESS	Lon					
BP	23m 1	BURIAL, CREMATION, REMOV	11/	29/85 M	eadov	EMETERY OR CREMATORY Branch	Vestmi	nster	Carro	oll MD		
HMH - 16 50M 4/83 (VRA 15, 4)	100	obert K. Pr		Washingt Sr. Wes		DEO.	0 5 1985	Pulia D	TRAR'S SIGNAT	URE		

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